PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE **Commissioner for Patents** JAN 2 4 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 10/22/2004 7590 33942 CHA & REITER, LLC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United 210 ROUTE 4 EAST STE 103 States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. PARAMUS, NJ 07652 01/26/2005 YPOLITE2 00000016 09653147 (Depositor's name 1400.00 OP 01 FC:1501 15.00 OP (Signature 02 FC:8001 APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 4625 09/653,147 08/31/2000 Yeon-Seung Ryu 5000-1-123 TITLE OF INVENTION: METHOD OF ESTABLISHING COMMUNICATION EXCHANGE BETWEEN A TERMINAL OF A PACKET-BASED NETWORK AND A TERMINAL CONNECTED TO A REMOTE ACCESS SERVER DATE DUE ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE SMALL ENTITY APPLN, TYPE S4570 1900 S1370 1400 01/24/2005 NO \$0 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS FLYNN, KIMBERLY D 2153 709-227000 CHA&REITER, LLC 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 416, MAETAN-DONG, YEONGTONG-GU SAMSUNG-ELECTRONICS CO., LTD. SUWON-SI, GYEONGGI-DO QEPUBLIC OF KOLFA
ent): Undividual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b, Payment of Fee(s): The following fee(s) are enclosed: 🕰 A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.